REST AVAII ARI E CODV

	PATEN	T APPLICAT	TION FEE	DETERM	MINA	TION REC	ORD		Applicat	ion o	Docket I	Number
-				701	6	25 7	785					
_	CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL E	ENTITY	_		ER THAN
	FOTAL CLAIN	/IS	1	1			n ;	RATE				LL ENTIT
F	FOR		NUMB	ER FILED	NUN	MBER EXTRA	В	ASIC FE	FEE	\dashv	RATI	
T	OTAL CHARG	EABLE CLAIMS	X:	√ minus 20=		•			╂	\dashv°	R BASIC F	- -
IN	IDEPENDENT	CLAIMS	8	minus 3 =		•		X\$ 9=	 	- °	R X\$18	=
М	ULTIPLE DEP	ENDENT CLAIM						X42=	 		R X84=	
*	* If the difference in column 1 is less than							+140=		01	+280=	.
_	If the difference in column 1 is less than zero, enter "0" in column 2							OTAL]01	A TOTAL	-
2	5/8/05	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)										R THAN
⋖		CLAIMS REMAINING		HIGH	EST	डा		MALL	ENTITY		SMAL	LENTITY
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E N	Total Independent	1 6	Minus	7	<u></u>	3	×	(\$ 9=		OF	X\$18=	
Σ	FIRST PRES	ENTATION OF N	Minus	FRENDENE	<u>) </u>	-		(42=		OR	You	
_			OCH PLE DI	EPENDENT	CLAIM			140=		7		╁╌∸
							Ľ	TOTAL		OR	TOTA	
_		(Column 1)		(Column 2) (Column 3)			ADD	IT. FEE		JOR	ADDIT. FE	Ē
AMENDMEN B		CLAIMS REMAINING		HIGHE NUMB	ST				ADDI-	7		1.55
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_				CHOCKE	LAIN			40=	 			
							<u> </u>	OTAL		OR	+280= TOTAL	
	·	(Column 1)		'(Column	. 2)	(Column 0)	ADDIT			OR	ADDIT. FEE	
	CLAIMS HIGHEST											
		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT EXTRA	RA	TE T	ADDI- IONAL		RATE	ADDI- TIONAL
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L	ndependent	*	Minus	***		=	—			OR	X\$18=	
<u> </u> F	IRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT C	LAIM		X4:	2=		OR	X84=	
lf t	he entry in colum	nn 1 is less than the	entry in colu	mn 2 write "N"	' in colu		+14		ı	OR	+280=	
H t	he "Highest Nun	iber Previously Pal	d For IN THIS	SPACE is les	ss than a	20, enter *20.*	ADDIT	TAL FEE		OR A	TOTAL DDIT. FEE	
Th	e "Highest Numt	per Previously Paid	For" (Total or	Independent)	is the hi	ighest number (c	und in th	ne approp	oriate box	in colu		

Application or Docket Number